



**Challenge TB - Democratic Republic of Congo**

**Year 2  
Quarterly Monitoring Report  
October-December 2015**

**Submission date: January 30, 2016**

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*Cover photo: Supervision visit to a private facility "Polyclinique El Rapha" in the CPLT of Kasai Occidental Ouest (KOO) conducted by the National TB Program and Challenge TB teams on December 21, 2015 (Crédit : Dr Stéphane Mbuyi)*

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### **Disclaimer**

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## 1. Quarterly Overview

Country	Democratic Republic of Congo (DRC)
Lead Partner	International Union Against Tuberculosis and Lung Disease (The Union)
Other partners	Management Sciences for Health (MSH) KNCV Tuberculosis Foundation (KNCV)
Workplan timeframe	October 2015 – September 2016
Reporting period	October - December 2015

### Most significant achievements:

Due to the delay in the approval of Annual Plan year 2 (APA2), several activities planned for quarter 1 (Q1) had to be postponed. However, the following key achievements are reported for activities funded by the APA1 carry over for October and preapproved APA2 for November and December 2015:

- **Three Challenge TB (CTB)-funded GeneXpert machines were supplied in the following provincial coordination areas (Coordination Provinciale Lèpre et Tuberculose, CPLTs):** Equateur Est (Lisala) on 17/10/2015, Kasai Occidental Ouest (Tshikapa) on 19/11/2015 and Sankuru (Lodja) on 9/12/2015. These platforms were installed with the assistance of a biologist (Bruno Tcheyi) and an Information Technology (IT) specialist (François Kandolo) of the NTP. This new technology will improve access for rapid diagnosis of presumed multi drug-resistant tuberculosis (MDR-TB) patients and allow for earlier treatment initiation among these patients. During this reporting period and in these three CPLTs, 33 (13%, 33/245) patients were diagnosed with TB using Xpert from 245 tested (mainly retreatment cases and contacts of MDR-TB patients). Of them, 3 (9%, 3/33) were rifampicin-resistant (RR-TB) and were directly linked to MDR-TB treatment. In the following quarter the use of Xpert will be extended according to the new NTP guidelines (PATI V) to new pulmonary TB cases who are positive after 2 months of treatment and presumptive TB patients among PLHIV, children, and Health Care Worker (HCW).
- **Sputum samples were transported with CTB support from several diagnostic centers (centres de diagnostic et de traitement, CDSTs) to CPLTs to be tested by Xpert.** In the 7 CTB-supported CPLTs, 691 sputum samples of presumed tuberculosis (TB) patients (including samples of 348 presumed MDR-TB) were transported, of which 665 (96%) were tested on Xpert; 175 (25%) were confirmed TB, including 11% (20/175) confirmed RR-TB.
- **Active TB case finding activities in the community were continued by the four local partner non-governmental organizations (NGOs).** A total of 4,065 sputum samples from presumed TB patients were tested (patients were oriented and/or sputum samples collected when appropriate) and 740 (18%) were diagnosed with smear-positive TB and initiated on treatment.
- **Technical support was provided for 13 private health facility structures from 03/12/2015 to 24/12/2015 for the implementation of TB care and prevention activities** in the following four CPLTs: Maniema (Centre de Santé Lokole, Centre Hospitalier Samba, Centre Hospitalier de la Société Nationale de Chemins de Fer du Congo (SNCC), Centre de Santé Méthodiste de Kibombo), Kasai Occidental Est (Centre de Santé Jésus Caritas, Centre de Santé Kamulumba, Centre de Santé Jésus Mupandishi), Kasai Occidental Ouest (Centre Médical et Maternité de la Police Nationale Congolaise, Polyclinique le Jourdain, Polyclinique El Rapha) and Kasai Oriental Sud (Centre de Santé Manuela, Centre de Santé Manzonzo, Centre de Santé Sifa ). This support was provided jointly by NTP and CTB staff members. The smooth running of these structures will extend the scope of NTP, provide better access to TB diagnosis and care for patients and strengthen public-private partnership.

Chronic cough was the most frequently used symptom to identify presumed TB cases in the private facilities with other symptoms, for example, for extra- pulmonary TB cases .

- **Post-training supervision visits for childhood TB services** were conducted from 1 to 13 December 2015 by a NTP and CTB team in three CDSTs of Kasai Oriental Sud. These three centers were Hopital de Kansele, Centre Hospitalier Presbyterien Methodiste, and Hopital de Lukalaba. This supervision aimed to strengthen implementation of clinical practices during on-site training. The lessons learnt will be used in the nationwide scaling up of childhood TB services. During the visits, 14 medical staff were met. A total of 64 childhood TB cases were detected from 01/10/2015 to 30/11/2015. The key findings included: i) the need for strengthened integration of TB services to general health services at the centres; ii) need to expand use of sputum microscopy , and; iii) need for better use of TB data collection tools. To improve childhood TB activities, the following needs have been identified: i) access to Xpert testing and X-ray needs to be expanded; and ii) on-the-job training of medical staff who have not been trained formally should be provided more.

**Technical/administrative challenges and actions to overcome them:**

- **Delayed approval of the work plan for year 2 (APA2).** At the request of USAID, the initial work plan was split into two separate plans and budgets: one dedicated to TB care and prevention activities with Global Health funding and the other dedicated to TB/HIV activities funded by PEPFAR. Meanwhile, monthly requests from October 2015 to date have been submitted and were approved to enable continuation of activities on a monthly basis. The work plan for TB care and prevention activities was partially approved on 05/01/2016. Approval of the work plan and budget for TB-HIV activities is still pending.

**The positions of CTB Deputy Director and Senior Monitoring and Evaluation Officer are not filled yet.** Despite concerted efforts made by The Union's Global Human Resources Department and assistance by CTB PMU, and a significant number of applications and candidates interviewed, none of them met the requirements of the sought-after profile and USAID's criteria that include experience in the management of USAID projects, excellent command of both written and oral English and French. USAID has approved engagement of a recruitment firm to assist the CTB country director to identify suitable persons to fill these two positions in quarter 2, and this request was formally approved in early January.

## 2. Year 2 activity progress

### No activities in sub-objective 1

#### Sub-objective 2. Comprehensive, high quality diagnostics

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met, N/A)	Remarks ( <i>reason for not meeting milestone, actions to address challenges, etc.</i> )
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Finalize the National Laboratory Strategic Plan (NLSP) and her implementation and its Operational Plan	2.1.1			STTA, LTA, Workshop done		STTA not done	Not met	Short Term Technical Assistance (STTA) for development of NLSP Work plan for APA2 has not been approved yet. MOT completed but it is also yet to be approved. STTA is planned for Q2 when approval has been acquired. The consultant has been identified as Prof Yala Djamel
Set up accreditation process for the reference laboratories and PRLs based on Laboratory Quality Management System (LQMS)	2.2.1		National Laboratory Reference (NLR) assessment by STTA done		STTA report available and NRL assessment done		N/A	Due in Q4
Assess microscopy network based on check list 11 GLI-approved standards in order to identify the actions required to improve it and obtain its accreditation	2.2.2		STTA and Workshop done		Microscopy network assessment done		N/A	Due in Q4
Maintenance of equipment at the NRL and PRLs	2.3.1	Preventive and curative maintenance done		Preventive and curative maintenance	Maintenance report available	Preventive and curative maintenance not done	Not met	Work plan for APA2 has not been approved yet. Wagenia, the company that was previously

				nce done				identified to carry out this task, has declined the contract due to the fact that it did not supply the equipment. There is no other private sector capacity available locally. It is necessary to resort back to the Equipment Division of the Ministry of Health and utilize their expertise. This activity remains a great challenge and it will be discussed with the USAID mission team.
Revise the national Laboratory guidelines and Xpert algorithm in line with the latest global guidelines	2.3.2	Guidelines printed and distributed (1)	548 laboratory technicians (LTs) trained (2)?	Guideline s printed and distribute	Laboratory guidelines and training report available	Guidelines not printed and distributed.	Not met	Work plan for APA2 has not been approved yet
Transport 3,600 sputum samples for MDR-TB cases sample (for diagnosis and control) from CSDTs to culture or GeneXpert laboratories	2.3.3	Transport of among 1,200 samples done	Transport of among 1,200 samples done	Transport of among 1,200 samples done	Final report available	For the 7 CTB-supported CPLTs : 691 samples transported out of the 1,200 planned which is 58% (691/1,200)  665 samples were Xpert-tested (96%): 175 confirmed cases of TB 26% (175/665) and 20 RR-TB cases 11% (20/175)	Partially met	The recommendation to 'pool' sputum samples so that they could be transported to laboratories once a week has not been met due to the fact that no regular transport is available.  To improve sample transportation, a new approach through engaging a carrier is planned for piloting. Memorandum of Understanding (MOU) between the CPLT of Kasai Oriental Sud (KORS) and the President of the Motorbike Association. One or two

								weekly transport rounds will be organized during a pilot period from 02/01/2016 to 04/30/2016. If this pilot is successful, it will be extended to the other CLPTs in subsequent quarters.
Purchase three solar kits for the 3 CPLTs and one converter	2.3.4	3 Solar kits and cartridges ordered	Equipment in place		Equipment in place functioning with data report available	Order not done	Not met	Work plan for APA2 has not been approved yet
3.Industrial solar kit provided for NRL	2.3.5	Industrial Solar kit order done	Solar kit functional		Machines in place, functional and report available	Order not done	Not met	Work plan for APA2 has not been approved yet

### Sub-objective 3. Patient-centered care and treatment

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status		Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015	Milestone met? (Met, partially, not met)	
Increase TB detection by private structures	3.1.1	1. Visit by the central unit done in – 4 CPLTs	1. Visit by the central unit done in 3 CPLTs	1. Visit by the central unit done in 4 CPLTs 2. visit of 6 private CDSTs in	All planned visits done and reports	4 visits were carried out by PNLT and CTB staff members in the following four CPLTs: -- Kasai Oriental Est KOE - Kasai Oriental Sud KOR	Partially met	These visits were financed through the APA1 funding after a monthly application was approved in November 2015.

		2. visit of 6 private CDSTs in each CPLT done	2. Visit of 6 private CDSTs in each CPLT done	each CPLT done	available	<p>- Maniema - Kasai Occidental Ouest KOO from 01/12/2015 to 21 /12/ 2015. 36 staff was met and they consisted of 8 doctors, 18 nurses, 10 laboratory technicians (23 males and 13 females). The recommendations included need for more support to TB care and prevention services in the private facilities, including a higher degree of clinical suspicion.</p> <p>CPLT doctors visited the 3 private CDSTs (3/6) in each one of the 7 CPLTs from 25/11 to 21/12/ 2015. In Q1, a total of 266 TB cases were detected in the 70 health facilities where staffs have been trained.</p>		Treatment cards, registers, quarterly reporting forms at the central level are presently out of print due to the fact that the PNLT is in a transition period from previously used tools to the new ones. CTB will provide these tools in Q2.
Increase TB detection in children	3.1.3	2 follow up visit done in 2 CPLTs previously train done and one day medical conference	<p>1Worksh op done in 2 CPLTs</p> <p>2.One Data analysis done in the 2 CPLTs that were followed up in Q1</p> <p>5.TB</p>	<p>1.Workshop done in 1 CPLT</p> <p>2. follow up visit done in 4 CPLTs where training was previously done and one day medical conference</p>	Worksho p done in the 3 CPLTs (6 CSDTs in each CPLT), Report on data analysis of childhoo d TB Follow up in 4 CPLTs	<p>Joint post-training monitoring visit by PNLT and CTB was done to the CPLT of Kasai Oriental Sud Mbuji Mayi from 1/12 to 13/12/2015. Evaluation of childhood TB case notifications was done in 3 CSDTs: 64 cases of TB were identified and treatment started from 1/10 to 30/11//2015 compared to 46 cases in the same months of 2014.</p> <p>A meeting was held on 10/12/2015 and in</p>	Partially met	<p>Recommendations:</p> <ul style="list-style-type: none"> <li>- Lukalaba Hospital has an Xray unit and equipment was donated by the Global Fund (GF). It should be installed and made operational – an activity which is in the GF work plan. CTB will push to ensure that installation will be done during a meeting with Global Fund</li> <li>- Access to Xpert investigation should also be strengthened and in this way more childhood</li> </ul>



			paediatric guideline printed			attendance was of 20 health care workers (4 doctors and 16 nurses) who had been trained in September 2015. The venue was the headquarters of the CPLT of Kasai Oriental Sud (KOR). The findings made during the visits to the three CSDTs were discussed and this culminated in the following recommendations (see the Remarks column).		TB cases could be detected These facilities will be included in the system transportation in Q2. - Strengthen involvement of not-yet-trained physicians though on job- training during supervision visits by CPLT staff and CTB staff in Q3-Improve contact screening, especially under-fives, of TB patients in Q2. -The CTB focal point and the PNLT provincial coordinator should ensure post-training support for all other caregivers previously trained in childhood TB.
Active detection of tuberculosis cases in 3 prisons (CSDT near the prison) in the following CPLTs: KORS (Muene ditu), KOO (Tshikapa), KOE (Kananga)	<b>3.1.4</b>	TB detection result in Mbuji Mayi Prison	Supervision done in Mbuji Mayi Prison	TB detection result available in prisoners done  2.Supervision done in the 3 prisons  3.Data analysis of TB in prison done	Report TB in prisoners result available	During a general supervision, a joint PNLT /CTB visit to the Mbuji Mayi Prison was made on 02/12/2015.  On this date, there were 712 prisoners, 57 Xpert-confirmed TB cases were under treatment, including 11 patients with MDR-TB.  Recommendations are listed in Remarks column	Partially met	Work plan for APA2 has not been approved yet  Recommendations: - Growing prison population remains a major problem. There is also paucity of infection control measures in prisons. - As a result, in September 2015, the Ministry of Justice released an order enabling prison authorities to release prisoners with TB before they have served their sentences. Prisoners with MDR-TB were

								recommended for admission to Bonzola Hospital. Five prisoners with TB have since been released. - Strengthen referral of released prisoners to their CSDTs so that HCWs can ensure continued TB case holding and treatment.
Training session to guide detection of cases in at-risk group (Activity 6 of the indicator 3.1.1): 4NGOs, staff CPLTs and CTB	3.1.6		1. STTA done for training	2.NGOs Data analysis done	Reports of STTA and data analysis available -		N/A	Due in Q2.
Support the four local partner NGOs	3.1.7	NGOs activities (Training, sample transport, nutritional support, TB case detect and MDR-TB done)	NGOs activities (Training, sample transport, nutritional support, TB case detect and MDR-TB done)	NGOs activities (Training, sample transport, nutritional support, TB case detect and MDR- TB done)	Report on NGOs support activities available	Report on the activities of « <b>Ambassadeurs de Lutte contre la Tuberculose du Sud kivu (ALTB du Sud Kivu)</b> » for Q1: 5,800 household in 34 Health zones. were visited by among 1000 ALTb members -Number of persons sensitized: 29,024 - Number of presumed TB patients referred :1,861 (6% : 1,861/29,024) - Number of presumed TB with sputum examined (arrived to CDST or sputum samples transported): 1269 (68%: 1,269/1,861). -Number of confirmed smear+ PTBcases: 154 (12% :154/1,269) of presumed TB  -Nutritional support not	Partially met	Work plan for APA2 has not been approved yet and this hampered provision of nutritional support. It is expected that this support can be recommenced when the approval has been received.  ALTb continued its work with APA1 funding.

						<p>provided</p> <p>-Community contributions to TB care and prevention was described by Dr Olivier Bahati Rusura of the ALTB at the 46<sup>th</sup> Union World Conference in Lung Health in an oral abstract session on Engagement of CSOs, communities and patients in TB management and control. This session was attended by 23 people. During the discussion, the following points were touched on: ALTB's recruitment, their payment, their instruction level, and how to coordinate this intervention with more than a thousand members.</p>		
		NGOs activities (Training, sample transport, nutritional support, TB case detect and MDR-TB done)	NGOs activities (Training, sample transport, nutritional support, TB case detect and MDR-TB done)	NGOs activities (Training, sample transport, nutritional support, TB case detect and MDR-TB done)	Report NGOs activities available	<p>Report on the activities of the " <b>Club des Amis de Damien (CAD)</b>" in Q1:</p> <p>Group awareness-raising at health facilities in adherence treatment, family activities</p> <p>-Number of presumptive TB patients arrived in the laboratory for sputum examination after sensitization in health facilities: 1,208</p> <p>-Number of confirmed smear+ TB cases: 279 ( 23% : 279 /1,208)</p>	Partially met	<p>Work plan for APA2 has not been approved yet</p> <p>CAD continued to work with APA1 funding.</p> <p>The nutritional support was done by GF through Caritas.</p>

						<p>Compared to 24% in Q4 (366 smear+ TB cases confirmed/1,548 presumed TB referred).</p> <p>-348 sputum samples were transported for monitoring of TB treatment response for patients who could not go to the CDST for their sputum control.</p>		
		NGOs activities (Training, sample transport, nutritional support, TB case detect and MDR TB) done	NGOs activities (Training, sample transport, nutritional support, TB case detect and MDR TB) done	NGOs activities (Training, sample transport, nutritional support, TB case detect and MDR TB) done	Report NGOs activities available	<p>Report of the activities by <b>"The Ligue Nationale Anti Lepreux et Tuberculeux au Congo (LNAC)"</b> in Q1:</p> <p>-Ms Mabuelanga Director of LNAC, together with Dr Bola from CTB launched an appeal to the office of the Social Committee of Parliament on 08.21.2015 in Kinshasa. The objective of their advocacy was to secure a budget subsidy from the Ministry of Health to support the activities of civil society organizations (CSOs) involved in TB care and prevention efforts.</p> <p>-Active detection of TB cases in 7 CTB-supported CPLTs:</p> <p>- Number of people sensitized at the community level:18,721</p> <p>-Number of presumed TB patients referred: 1,607 ( 9% :1,607/18,721)</p> <p>-Number presumed TB patients arrived and who</p>	Partially met	<p>Work plan for APA2 has not been approved yet</p> <p>LNAC continued to work with APA1 funding.</p> <p>Meeting with the Social Committee of Parliament members (nine members). This committee approached two ministries, the Ministry of Health, the Ministry of Finance. They asked them to increase the TB budget. Budget promulgation must be published in the Official Journal of the DRC to be made law and it is still under printing. Next steps will be to verify that the new budget line has been given and follow up the disbursement of the funds for TB, malaria, and HIV/AIDS at governmental level.</p>

						<p>provide sputum: 1203 (75%: 1,203 /1,607)- Number of confirmed smear+ TB cases: 267 (22%:267/1,203) of presumed patients who attended and who provide samples.</p> <p>Among the 267 patients, 221 were followed up regularly for treatment support by community members (community DOTS, and treatment monitoring).</p>		
		NGOs activities (Training, sample transport, nutritional support, TB case detect and MDR TB) done	NGOs activities (Training, sample transport, nutritional support, TB case detect and MDR TB) done	NGOs activities (Training, sample transport, nutritional support, TB case detect and MDR TB) done	Report NGOs activities available	<p>Report on the activities by <b>Femmes plus</b> in Q1:</p> <ul style="list-style-type: none"> <li>-Active detection of TB cases among PLHIV at the 2 CPLTs of Maniema and Kasai Occidental Est:</li> <li>- Number of PLHIV presumed TB referred and arrived to the laboratory for sample examination: 385</li> <li>-Number of confirmed TB cases: 40 (10%: 40/385)</li> </ul>	Partially met	<p>Work plan for APA2 has not been approved yet</p> <p>Femmes plus continued to work with APA1 funding.</p> <p>The nutritional support was done by GF through Caritas.</p>
Capacities reinforcement of the 4 local partner NGOs by an international NGO	3.1.8	Support for Action plan and workshop resource mobilization done		Follow up the NGOs action plan	NGOs action plan and workshop resource mobilization report	Support provided to the three local NGOs for the development of their 2016 "Action Plan" and to finalize their "Manual of Procedures". This support was provided by the two consultants, John Ntalema and Jacques Dromwa	Met	The capacities of these NGOs ought to be developed particularly in the areas of local resource mobilization and financial management which is planned in APA2.

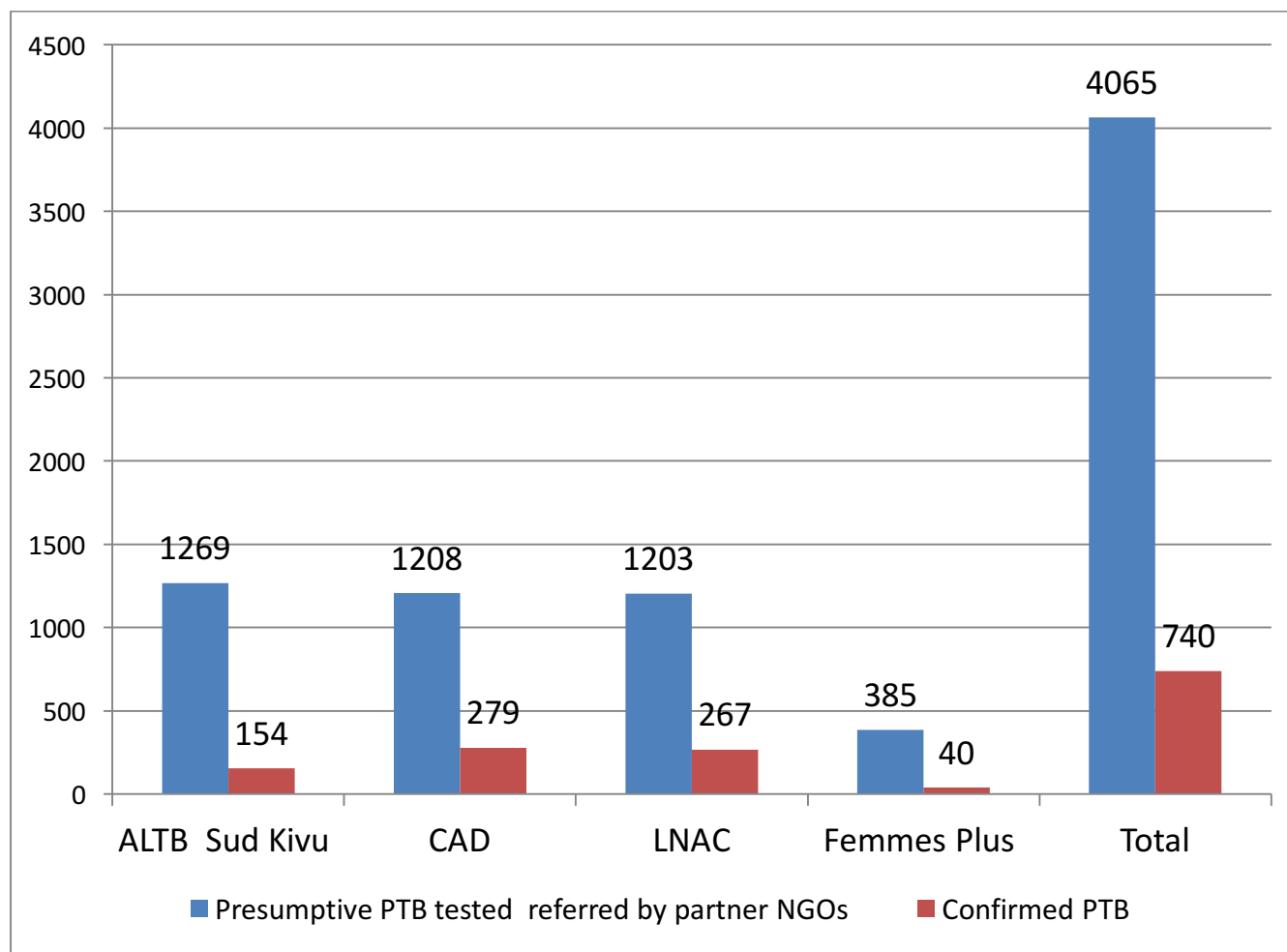
					available	from "Initiative Inc." during the workshop held from 19/11/2015 to 04/12/2015 in Kinshasa.		ALTB will also be assessed in APA 2 in Q3.
Increase number of confirmed MDR-TB cases	3.1.9	<p>Analysis done in 3 CPLTs, GenXAlert software order done</p> <p>Phone subscription done</p> <p>2. Supervision/on/on job training done in 3 CPLTs</p>	<p>Gen alert functional</p> <p>Support for phone subscription done</p>	<p>Analysis done in 3 CPLTs Support for phone subscription done</p> <p>2. supervision/on job training done in 4 CPLTs done</p>	<p>Recommendations to improve GX utilization Final report on purchase GenXAlert software and phone subscription available</p> <p>Report supervision in the 7 CPLTs</p>	<p>On-the-job supervision training in the 3 CPLTs was not completed.</p> <p>GenXAlert software (for 17 platforms in the 7 CTB-supported CPLTs) order not done.</p> <p>In the 7 CTB-supported CPLTs:</p> <ul style="list-style-type: none"> <li>-346 presumed MDR-TB patients were identified (mostly among retreatment cases)</li> <li>-691 sputum samples were transported</li> <li>-665 samples tested on Xpert</li> <li>- 175 (26%, 175/665) <i>M. tb</i> detected</li> <li>- 20 (11%, 20/175) confirmed RR-TB (of whom 17 were retreatment and 3 new cases)</li> <li>15 (75%, 15/20) have been started on treatment.</li> </ul> <p>Due to the delay in APA2 approval, the PNLT has difficulties in transportation of TB medicines. Fortunately, there was no interruption of treatment during Q1. But, unfortunately, all new MDR-TB patients have not</p>	Partially met	<p>Work plan for APA2 has not been approved yet</p> <p>Supervision could not be carried out due to the delay of training on MDR-TB which was originally planned for Q4 of APA 1 and which is now slated for July 2016. This supervision and the one scheduled for the Q3 will be done in Q4.</p> <p>DRC office is still waiting for APA2 approval to buy the GenXAlert and pay for the phone subscriptions.</p>

						been initiated on treatment. Five MDR-TB patients are still on the waiting list. Report on critical stocks levels of cycloserine, levofloxacin and kanamycin was received from Sud Kivu on 11/09/2015.		
Training on MDR-and XDR-TB patient management by an international consultant for 6 days.	3.1.10	Training done			Report on training available	The training did not take place	Not met	Work plan for APA2 has not been approved yet and MOT not approved either. - Training postponed to July 2016.
Improved treatment success rate of all notified TB patients and selected risk groups.	3.2.1	Transport of medicines done (2 CPLTs)	Transport of medicines done (3 CPLTs)	Transport of medicines done (2 CPLTs)	Final report available (7 CPLTs)	No transportation for medicines was provided in Q1.	Not met	Work plan for APA2 has not been approved yet.  Five newly diagnosed MDR-TB patients are waiting for treatment.
Improve MDR- and XDR-TB patient management	3.2.2	Support biological test, audiometric test for 25 MDR-TB patients done	Support biological test, audiometric test 35 for MDR-TB patients done  STTA For BDQ project done	Support biological test, audiometric test 40 for MDR-TB patients done 4. Support second line DST with INRB for 100 patients done	Final report available	In Q1: in the 7 CTB-supported CPLTs, in line with the programme guidelines: -117 biological tests, including urea, creatinine and liver tests were done for monitoring of 145 patients on second line treatment. - A contract was signed with the specialized clinics with laboratory capacity for biological monitoring in each CPLT headquarters. In this way, less extensive sample transportation needs to be provided.  -11 MDR-TB cases	Met	The CPLT of Equateur Est is unable to provide on-site biological monitoring testing due to the fact that the laboratory is unable to perform these tests: the samples have to be sent to Lomo medical center in Kinshasa.

						<p>benefited from nutritional support provided by CTB :  Kasai Occidental Ouest ( 4 )  Maniema (2)  Sankuru (2)  Equateur Est ( 3 )</p> <p>This nutritional support included milk, rice, sugar, oil, maize meal for each MDR patient.</p>		
Improve TB-HIV patient treatment	3.2.3	Quarterly TB-HIV meeting available in the 7 CPLTs	Quarterly TB-HIV meeting available in the 7 CPLTs	Quarterly TB-HIV meeting available in the 7 CPLTs	Final report available	No working meeting held this quarter	Not met	Planned for Q2 and the meeting should be funded by Global fund. CTB Country Director will make attempts to ensure that the meeting will be convened.



Figure 1: **Active TB case finding by the local partner NGOs s in Year 2, Q1 in the 7 CTB-supported CPLTs<sup>1</sup>**



<sup>1</sup> ALTB (Ambassadeurs de la lutte contre la tuberculose dans le Sud Kivu,), CAD (Club des Amis de Damien), LNAC (Ligue Nationale de la lutte anti Lèpreuse et Tuberculeuse du Congo)

Among the 4,065 presumptive tuberculosis patients screened and samples examined by microscopy in the CDSTs laboratories (patients referred or samples collected arrived)) by the four local NGOs, a total of 740 (18%) were diagnosed with TB. The proportion of diagnosed TB cases was different among persons attended to by the NGOs. This could be due to their different approaches to identification of presumptive TB patients as described in the table below.

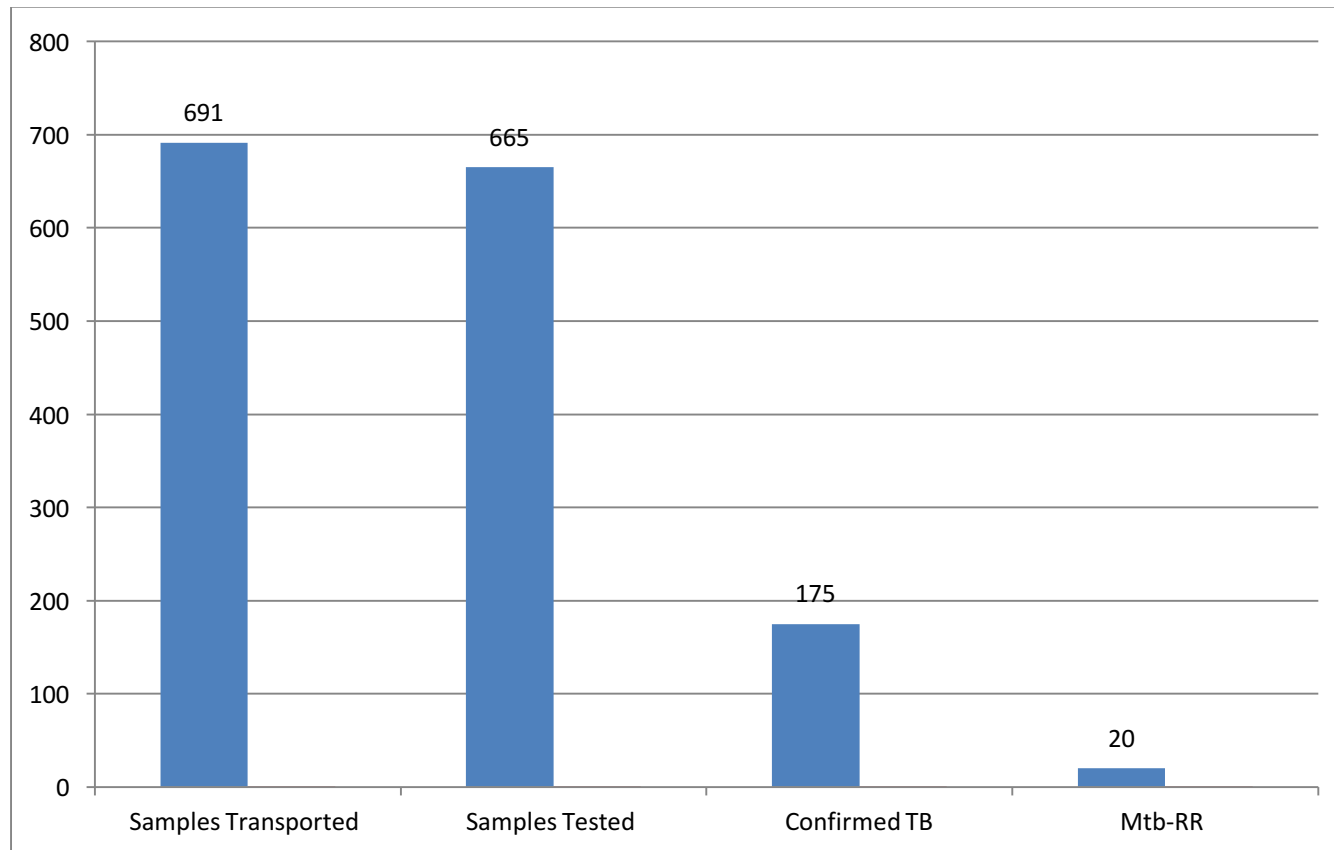
**Table: Proportion of diagnosed TB cases among patients attended by the NGOs and approaches for identification of presumptive TB patients<sup>2</sup>**

Name of NGO	Sputum examined from presumptive TP referred by partner NGOs	Confirmed Smear+ TP		Approaches to identification of presumptive TB patients
		Number	%	
ALTB Sud Kivu	1269	154	12%	Interviews of persons living near an index case (door-to-door)
CAD	1208	279	23%	Sensitization of patients in health facilities
LNAC	1203	267	22%	Sensitization of key vulnerable population in specific settings (school, prisons, poorest areas ... )
Femmes Plus	385	40	10%	Sensitization in health facilities among persons living with HIV.
Total	4065	740	18%	

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ALTB (Ambassadeurs de la lutte contre la tuberculose dans le Sud Kivu,), CAD (Club des Amis de Damien), LNAC (Ligue Nationale de la lutte anti LÉpreuse et Tuberculeuse du Congo)<sup>2</sup>

Figure 2: **Tuberculosis and rifampicin-resistant tuberculosis diagnosis among patients whose sputum samples were transported by Challenge TB in Q1 of APA 2**



In the 7 CTB-supported CPLTs, 691 samples of presumed tuberculosis patients (including 346 presumed MDR-TB) were transported, 665 (96%) were tested by Xpert, 175 (25%) were confirmed TB cases (*M. tb* detected) and among them 20 (11%) were RR-TB confirmed.



Visit to a private facility "Centre hospitalier de Samba" in the CPLT of Maniema by the PNLT and CTB team on 08/12/2015 (Crédit: Fidèle Farazi)

Sub-objective 5. Infection control								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks ( <i>reason for not meeting milestone, actions to address challenges, etc.</i> )
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Develop health worker TB surveillance guidelines. Add costs for a regional consultant in the budget by a Local expertise	5.2.1	1.National workshop done  2. Survey questionnaire available			Report of national workshop and survey questionnaire available	Activity not completed	Not met	Work plan for APA2 and MOT has not been approved yet.
Conduct a sentinel surveillance study in at least 3,000 HCW annually	5.2.2		Sentinel survey done	1.Data analysis survey done  2.Workshop done	Report of sentinel survey available		N/A	Will be due in Q2 and may need to be postponed to Q3 due to delays in APA 2 approval.
Sub-objective 6. Management of latent TB infection								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks ( <i>reason for not meeting milestone, actions to address challenges, etc.</i> )
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Increase case detection in all risk groups	6.1.1		Quarterly report of the childhood TB working group available	Quarterly report of the childhood TB working group available	Final report available		N/A	Due in Q2.
Sub-objective 7. Political commitment and leadership								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks ( <i>reason for not meeting milestone, actions to address challenges, etc.</i> )
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Assess the financial contribution of private	7.2.1		Report on the task		Financial contribution		N/A	Due in Q2.

sector.			force meeting available		of private sector available			
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#### Sub-objective 8. Comprehensive partnerships and informed community involvement

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Have available the breakdown of funding by source of the local partner NGOs budgets	8.1.1			USAID questionnaire filled in by the local partner NGOs available	NGOs budget breakdown of funding by source available		N/A	Due in Q3.
Improved Global Fund (GF) financial management performance	8.2.1	Summary of monthly meeting with GF, CAG, CARITAS, PNLT, WHO, AD, CTB... available	Summary of monthly meeting with GF, CAG, CARITAS, PNLT, WHO, AD, CTB... available	Summary of monthly reports on the meeting with GF, CAG, CARITAS, PNLT, WHO, AD, CTB... available		GF-supported activity progress assessment meeting was conducted on 26/11/2015 at PNLT with the participation of GF, WHO, CAG, CARITAS, AD, and CTB. 22 persons attended the meeting. It was concluded that i) training activities to be finalized at the end of year 2015, ii) purchase of drugs and vehicles to be finalized in 2016, and iii) to postpone the activities due to the delay in the transfer of funds from the GF to the CPLTs for the activities implementation.	Met	CTB will report any disbursement delay and incomplete activities in the 7 CTB-supported CPLTs to the GF. GF should report on project progress.

						A meeting with the GF's M&E specialist and procurement officer was held on 7/11/2015 at the CTB country office to discuss for the complementarity funding activities . It was agreed that CTB team regularly assess the implementation of the activities funding by GF		
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#### Sub-objective 9. Drug and commodity management systems

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Improve procurement and supply chain management	9.1.1		Quarterly report of PATIMED meeting available	Quarterly report of PATIMED meeting available	Final report available		N/A	Due in Q2.

#### Sub-objective 10. Quality data, surveillance and M&E

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Improve PNLT data collection through collaboration between the PNLT and the CTB Country Director to ensure progress in	10.1.1		Report meeting contact available				N/A	Due in Q2.

introduction of electronic TB register and Data Health Information System (DHIS2)								
Support PNLT data validation	10.2.1	Quarterly data validation done  Routine Data Quality Assessment (RDQA) done	Quarterly data validation done  Routine Data Quality Assessment (RDQA)	Quarterly data validation done  Routine Data Quality Assessment (RDQA)  Union STTA done	1. Annual report on the CTB data validation and STTA available  2. Routine Data Quality Assessment (RDQA ) report available	No validation meeting was funded by CTB	Not met	Work plan for APA2 has not been approved yet.
Improve operational research	10.2.2	Meeting of the research committee done		Meeting of the research committee done	Final reports available	Meeting not done	Not met	Work plan for APA2 has not been approved yet

#### Sub-objective 11. Human resource development

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks ( <i>reason for not meeting milestone, actions to address challenges, etc.</i> )
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Competent PNLT staff available	11.1.1			Three CPLTs coordinators trained (Union TB Course in Cotonou) 2. Two Coordinato	Reports on training available		N/A	Due in Q3.



				r and two PNLT staff registered for The Union World conference				
Enabling environment to support the operations of the PNL Central Unit, including the NRL, and the 7 CPLT (detailed budget appended)	11.1.2		Support for one quarter available	Support for one quarter available	Quarterly support done for the central unit and for each of the 7 CPLTs	The Central Unit benefited from vehicle maintenance, fuel supply, and payment of communication expenses.	N/A	Work plan for APA2 has not been approved yet. Funding of USD127,464 in October 2015 was paid using the savings of the APA1
Improve communication by purchasing a VSAT communication satellite for the PNL Central Unit and telephones for the Unit and the 7 CTB-supported CPLTs, and purchase of IT equipment.	11.1.3	Support for the PNL Central Unit and the 7 CTB-supported CPLTs for one quarter available 2. Purchase done			Report available	Activity not completed	Not met	Work plan for APA2 has not been approved yet.

### 3. Challenge TB's support to Global Fund implementation in Year 2

#### Current Global Fund TB Grants

Name of grant & principal recipient (i.e., TB NFM - MoH)	Average Rating*	Current Rating	Total Approved Amount	Total Disbursed to Date	Total expensed (if available)
TBNFM ZAR-911-G13/14-T (MOH/CARITAS)	B1	A2	139,1m	92,2m	

\* Since January 2010 (Check on January 7, 2016)

#### In-country Global Fund status - key updates, current conditions, challenges and bottlenecks

The Global Fund (GF) disbursement level was 12% in the whole country during this reporting period. The adopted concept note for TB/HIV has been implemented since 1 July 2015. This disbursement was largely dedicated to training on the Technical Guide of tuberculosis (PATI V) and the payment of incentives based on performance contract (the level of the incentive is different among health workers and the price given is based on tasks performance of each category of personal) at the central level.

#### Challenge TB & Global Fund - Challenge TB involvement in GF support/implementation, any actions taken during this reporting period

On 5/11/2015, the second year plan was revised in the presence of the leader of the Global Fund Principal Recipient organisation (Cellule d'Appui à la Gestion financière du Ministère de la Santé), and PNLT to ensure that the support provided is complementary. It turned out that the GF, the DRC government and others partners did not cover all the operational expenses of the PNLT. CTB will fund the remaining portion to cover the gap within the limits of the APA2 budget.

A coordination meeting of the PNLT financial partners was held on 26/11/2015 at the PNLT Head office. It brought together the key partners and the GF delegation from Geneva (Dr Myriam, M&E specialist and Bruno Viana, the Procurement and Stock Manager). During the meeting the following items were discussed: i) follow-up of the previous recommendations; ii) training activities; iii) purchase of drugs and vehicles; and; iv) postponement of activities due to the delay in the transfer of funds from the GF to the CPLTs for the activities implementation.

A closed meeting of the GF delegation and CTB was held on 27/11/2015 at the CTB country office. The GF was informed of the CTB support, with a particular emphasis on the need to improve activity implementation in the field. CTB stressed the problems encountered in the CPLTs in supply chain management of TB medicines and other essential consumables (for example, shortages of TB drugs in the CSDTs, shortage of HIV input in ZSs), and the funding delays which had a negative effect on the development of the capacities of the actors involved in supervision. The GF delegation requested to be regularly appraised by the CTB team about any delays experienced in the implementation of activities on the ground.

#### 4. Success Stories – Planning and Development

<b>Planned success story title:</b>	Contribution of private structure in the TB care and prevention: diagnosis, treatment and follow up
<b>Sub-objective of story:</b>	Patient centered care and treatment
<b>Intervention area of story:</b>	Increase TB detection by private structures
<b>Brief description of story idea:</b>	The story reports on some of the private facilities identified during APA1 with adequate performance of quality of care. The story also reports on the major challenges to improve the results and the lessons learnt.
<b>Status update:</b>  During APA1, 70 private facilities have been identified for their incorporation into the NTP in the 7 target CPLTs, and their health personal has been trained to national guidelines (PATIV). During this reporting period, 266 cases of TB all forms has been identified in the 7 CPLTs by these facilities. 202 (76%) has been identified in one CPLT (Kasai Oriental Sud).  The challenges of engaging the private facilities in TB care are late TB diagnosis, inadequate patient monitoring, loss of follow up, and high cost of care. The first supervision done in Q1 identified several challenges including need of better health workers, and better support on laboratory reagent and drugs, supervision. During the further quarters CTB team will provide adequate support to these facilities to improve the quality.	

## 5. Quarterly reporting on key mandatory indicators

**Table 5.1 MDR-TB cases detected and initiating second line treatment in country (national data)**

Quarter	Number of MDR-TB cases detected	Number of MDR-TB cases put on treatment	Comments:
Total 2010	107	168	
Total 2011	88	138	
Total 2012	133	269	
Total 2013	261	359	
Total 2014	401	432	
Jan-Mar 2015	82	82	
Apr-Jun 2015	71	71	
Jul-Sep 2015	102	84	
Oct-Dec 2015	NA	NA	
Total 2015			

**Table 5. 2 Number and percent of cases notified by setting (i.e. private sector, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach (CI/ACF/ICF)**

		Reporting period					Comments
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sept 2016	Cumulative Year 2	
Overall CTB geographic areas	TB cases (all forms) notified per CTB geographic area ( <i>List each CTB area below - i.e. Province name</i> )	July-Sept 2015 (Oct-Dec not available)					
	Equateur Est	328					
	Kasai Occidental Est	1,201					
	Kasai Occidental Ouest	1,213					
	Kasai Oriental Sud	2,755					
	Maniema	744					
	Sankuru	616					
	Sud Kivu	1,454					
	TB cases (all forms) notified for all CTB areas	8,311					
	All TB cases (all forms) notified nationwide (denominator)	29,406					
	% of national cases notified in CTB geographic areas	28,3%					
Intervention (setting/population/approach)							
Reported by private providers (i.e. non-governmental facilities)	CTB geographic focus for this intervention	Oct-Dec 2015					Data for CTB interventions has been collected by CTB staff for the period Oct-Dec 2015  Routine NTP data at National and at CTB level are not yet available for this period: as the denominator of the indicator is not
	Equateur Est	3					
	Kasai Occidental Est	7					
	Kasai Occidental Ouest	24					
	Kasai Oriental Sud	202					
	Maniema	18					
	Sankuru	6					
	Sud Kivu	6					
	TB cases (all forms) notified from this intervention	266					
	All TB cases notified in this CTB area (denominator)	NA					

	% of cases notified from this intervention	NA					available , the % could not be calculated
Reported by prisons	CTB geographic focus for this intervention	Oct-Dec 2015					No national level and CTB areas denominator data available
	Equateur Est	4					
	Kasai Occidental Est	6					
	Kasai Occidental Ouest	8					
	Kasai Oriental Sud	19					
	Maniema	4					
	Sankuru	2					
	Sud Kivu	NA					
	TB cases (all forms) notified from this interv	43					
	All TB cases notified in this CTB area (denominator)	NA					
	% of cases notified from this intervention	NA					
Community referral	CTB geographic focus for this intervention	Oct-Dec 2015					No national level and CTB areas denominator data available
	Equateur Est	35					
	Kasai Occidental Est	113					
	Kasai Occidental Ouest	110					
	Kasai Oriental Sud	48					
	Maniema	136					
	Sankuru	61					
	Sud Kivu	237					
	TB cases (all forms) notified from this interv	740					
	All TB cases notified in this CTB area (denominator)	NA					
	% of cases notified from this intervention	NA					

## 6. Challenge TB-supported international visits (technical and management-related trips)

#	Partner	Name of consultant	Planned quarter				Specific mission objectives	Status (cancelled, pending, completed)	Dates completed	Duration of visit (# of days)	Additional Remarks (Optional)
			Q 1	Q 2	Q 3	Q 4					
1	The Union	Dr Riitta Dlodlo	x				CTB activities monitoring in DRC, induction of new recruits, preliminary discussions on the survey on the transmission of MDR-TB. Support for the CTB local team in drafting activity reports, and discussion of the recommendations made by Dr Mukadi at completion of his visit to DRC.	Complete	From 8/11 to 13/11/2015	5	Visit necessary for CTB staff induction, initial contact with government officials and face-face discussions with the USAID Mission officials and the CTB country director.
2	Union	Prof Nadia Aït-Khaled and Monicah Andefa	x				1. Technical support visits budgeted under S&O 2. Financial & admin monitoring visits budgeted under S&O	Pending			Work plan for APA2 has not been approved yet.
3	Union	Jean Pierre Kabuayi	x				1. 46th World Union conference à Cap Town	Complete	From 3/12 to 9/12 2015		2 additional days for The Union meeting
4	Union	Stephane Mbuyi MDR-TB focal point	x				1. 46th World Union conference à Cap Town	Complete	From 2/12 to 7/12 2015		
5	Union	Pepe Caminero	x				Training on MDR TB and XDR patient management by an international consultant	Pending			Work plan for APA2 and MOT has not been approved yet.
6	Union	Claude Rutanga	x				Develop health worker TB surveillance guidelines	Pending			MOT not yet approved, activity postponed for year 2
7	Union	Drs Marcel Kazadi and et Donat	x				2. 46th World Union conference	Complete	From 2/12 to 6/12 2015	15 days	Marcel Kazadi representing CPLT

		Mbombo									of Kasai Oriental (TB in prison, mining sites...) Donat Mbombo from the CPLT of Lisala, CPLT difficult to access, with low level of detections.. Visit to/from Kinshasa fully paid for.
8	Union	Prof Yala	x				Finalise Laboratory strategic plan	Pending			Work plan for APA2 has not been approved yet. MOT completed postponed for Q2
9	Union	Paula Monicah, Nadia		x			Technical support visits, financial & administration monitoring visits	Choose an item.			
10		Jean Pierre Kabuayi		x			Country Union office meeting in Paris				
11		Jean Pierre Kabuayi and Deputy director		x			Country Director Challenge TB meeting	Choose an item.			
12		Yala Djamel		x			Assessment of National Reference Laboratory and Microscopy network				
13		Yala Djamel			x		Assessment of Operational Laboratory Plan				
14		To be hire			x		Data quality assessment based on Standards and Benchmarks for tuberculosis				
15		3 CPLT			x		Tuberculosis Management International course in Benin				
16		Sandra Kit			x						



17		Max Meis				x	APA3 development and Technical assistance				
Total number of visits conducted (cumulative for fiscal year)								1			
Total number of visits planned in approved work plan								17			
Percent of planned international consultant visits conducted								6%			

## 7. Quarterly Indicator Reporting

Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
2.1.2. A current national TB laboratory operational plan exists and is used to prioritize, plan and implement interventions.		Annually	0	2	'Measured annually'	
2.2.6. Number and percent of TB reference laboratories (national and intermediate) within the country implementing a TB-specific quality improvement program i.e. Laboratory Quality Management System (LQMS).		Annually	Score not available (SNA)	1/3 = 33%	'Measured annually'	
2.2.7. Number of GLI-approved TB microscopy network standards met		Annually	SNA	SA	'Measured annually'	
2.3.1. Percent of bacteriologically confirmed TB cases who are tested for drug resistance with a recorded result.		Quarterly	0,50% (2014)	1%	- NA	
2.4.2. #/% of Xpert machines that are functional in country (stratified by		Annually	Among 41 GX distributed only 30 are functional at National level .and	Nationally, 35 and out of them 3 CTB-supported platforms (9%)	'Measured annually'	

<b>Sub-objective:</b>	<b>2. Comprehensive, high quality diagnostics</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
Challenge TB, other)			among them 3 are under CTB (10%)			
2.4.6. #/% of new TB cases diagnosed using GeneXpert		Quarterly	N/A	TBD	In Q1, in the 7 CTB-supported CPLTs, 175 new TB cases, including 20 RR - TB cases were confirmed by GeneXpert.	Unable to calculate % due to the fact that the PNLT data for this Q become available at the end of January 2016 (at earliest).
2.6.4. # of specimens transported for TB diagnostic services		Quarterly	In 2104, 5,368 at national level and 2,148 in the 7 CTB-supported CPLTs	3,600 (in the 7 CTB-supported CPLTs)	In Q1, 691 samples were transported from diagnostic and treatment centers to the provincial laboratories in each of the 7 CTB-supported CPLTs.	
2.6.5. #/% of TB cases detected through a specimen transport system		Quarterly	405 (8%) at national level and in the 7 CTB-supported CPLTs 126 RR (6%) in 2014	15%	In Q1, in the 7 CTB-supported CPLTs: 175 TB cases were confirmed by Xpert, which represented 26% (175/665) of patients with samples, including 11% RR-TB cases (20/175).	

<b>Sub-objective:</b>	<b>3. Patient-centered care and treatment</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
3.1.1. Number and percent of cases notified by setting (i.e. private sector, pharmacies, prisons, etc.) and/or population (i.e. gender, children,		Quarterly	National TB (all forms): 116,894 (2014) Private sector: 9,110 (8%) Children: 12,785 (11%) 7CTB CPLTs:	6527 (13% ) children Private sector: TBD ACF: TBD	TB cases notified from July to September 2015 (data for October-December 2015 not available): At the national level: TB all forms: 29,406 Children: 3,048 (10%) In the 7 CTB-supported	Refer to Table 5.2 for more information

Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
miners, urban slums, etc.) and/or case finding approach			34,540 Private sector: N/A Children: 4,239 (12%) CTB- ACF initiative: N/A		CPLTs (from July-September 2015): TB all forms : 8,311 Children: 1,026 (12%)  In Q1, TB notified in key populations: Private sector: 266 CTB -ACF Initiative: 740 Prisons : 43	
3.1.4. Number of MDR-TB cases detected		Quarterly	405 RR-TB of which 126 (31%) in the 7 CTB-supported CPLTs	100 in the 7 CTB-supported CPLTs out of 450 at national level	From July to September 2015: 20 RR-TB cases detected in the 7 CTB-supported CPLTs	
3.1.6. % of HIV+ patients who were screened for TB in HIV care or treatment settings		Quarterly	12% ( In 3 PEPFAR-supported CPLTs	40% (?PEPFAR )	ND	CTB in PEPFAR zones plays a coordinating role (not implementing partner). These data should be reported by other PEPFAR implementing partners.
3.1.13. #/% of presumptive TB patients referred by community referral systems		Quarterly	?	40,800 Number ( 10 %)	In Q1: : 5,601 presumptive TB patients referred from communities through sensitization efforts of the 4 local partner NGOs	
3.2.1. Number and percent of TB cases successfully treated (all forms) by setting (i.e. private sector, pharmacies, prisons, etc.) and/or by population (i.e. gender, children, miners, urban slums,		Quarterly	98,633/110,943 89% and 30,702/33,837 91% in the 7 CPLT	90%	Success rate of TB patients (TB all forms) registered from October to December 2014 : <b>-National</b> : 86% (23,263/27,119) <b>-in the 7 CTB-supported CPLTs</b> : 85% (6,956/8,202) Data not available by	

Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
etc.).					setting and/or by population.	
3.2.4. Number of MDR-TB cases initiating second-line treatment		Quarterly	436 in 2014 and 126 in the 7 CTB-supported CPLTs	100 in the 7 CTB-supported CPLTs out of 450 at national level	In Q1, in the 7 CTB-supported CPLTs 20 RR-TB patients confirmed has been identified among them 15 initiating second line treatment and 5 are awaiting treatment.	
3.2.7. Number and percent of MDR-TB cases successfully treated		Quarterly	162 (60%) among patients treated with the WHO-recommended 24 months regime and 57 (83%) among patients who received the 9 months' .17 successfully treated patients out of 29 patients treat (58%) in the 7 CTB-supported CPLTs	? 43 ( 70%) in the 7 CTB-supported CPLTs	2013 MDR-TB cohort treated with the WHO-recommended 24 months regime in the 7 CTB-supported CPLTs: 58% ( 7/12) successfully treated	
3.2.12. % of HIV-positive registered TB patients given or continued on anti-retroviral therapy during TB treatment		Quarterly	18% (2013/PEPFAR Provinces)	25%	ND	To add in PEPFAR report
3.2.13. % TB patients (new and re-treatment) with an HIV test result recorded in the TB register		Quarterly	46% (71,178/116,894) at national level; 27 % in the 7 CTB-supported CPLTs (9,232/34,525) in	50%	From July to September 2015 : National: 47% (13,969/29,679) In the CTB-supported 7	In the 7 CPLTs, no improvement indicator for the following reasons: lack of availability of HIV test in the CPLTs and no TB/HIV activities implemented in

Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
			2014		CPLTs 25% (2,107/8,311)	76 ZS among the 159 CTB supported ZSs
3.2.17. % TB/HIV prisoners on ART		?	20%	?	NA	

Sub-objective:	5. Infection control					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
5.1.4. % of TB service delivery sites in a specific setting (ex, prison-based, hospital-based, private facility) that meet minimum infection control standards		Annually	Not available	will be collected via sentinel sites	'Measured annually'	
5.2.3. Number and % of health care workers diagnosed with TB during reporting period		Annually	0,80%	Risk assessed at sentinel survey sites	'Measured annually'	

Sub-objective:	6. Management of latent TB infection					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
6.1.11. Number of children under the age of 5 years who initiate IPT		Quarterly	Not available		NA	

<b>Sub-objective:</b>	<b>7. Political commitment and leadership</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
7.2.3. % of activity budget covered by private sector cost share, by specific activity		Annually	Not available		'Measured annually'	

<b>Sub-objective:</b>	<b>8. Comprehensive partnerships and informed community involvement</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
8.1.3. Status of National Stop TB Partnership		Annually	0		'Measured annually'	
8.1.4. % of local partners' operating budget covered by diverse non-USG funding sources		Annually	Not available	% available	'Measured annually'	
8.2.1. Global Fund grant rating		Annually	B1	A	'Measured annually'	

<b>Sub-objective:</b>	<b>9. Drug and commodity management systems</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
9.1.1. Number of stock outs of anti-TB drugs, by type (first and second line) and level (ex, national, provincial, district)		Quarterly	1 stock out at central level of more than 30 days		No stock out at the central level. However 1 stock out for 60-day 2 <sup>nd</sup> -line medicine (Cycloserin, levofloxacin, kanamycin) stock out in the CPLT of Sud Kivu in Bukavu from September-October 2015	

<b>Sub-objective:</b>	<b>10. Quality data, surveillance and M&amp;E</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
10.1.4. Status of electronic recording and reporting system		Annually	1		'Measured annually'	
10.2.1. Standards and benchmarks to certify surveillance systems and vital registration for direct measurement of TB burden have been implemented		Annually	NO	Yes	'Measured annually'	
10.2.6. % of operations research project funding provided to local partner (provide % for each OR project)		Annually	0	0	'Measured annually'	
10.2.7. Operational research findings are used to change policy or practices (ex, change guidelines or implementation approach)		Annually	NO	NO	'Measured annually'	

<b>Sub-objective:</b>	<b>11. Human resource development</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
11.1.2. % of planned supervisory visits conducted (stratified by NTP and		Quarterly	ND	100%	100% (4 CPLTs supervised out of the 4 planned)	



<b>Sub-objective:</b>	<b>11. Human resource development</b>					
<b>Performance indicator</b>	<b>Disaggregated by</b>	<b>Frequency of collection</b>	<b>Baseline (timeframe)</b>	<b>End of year target</b>	<b>Results to date</b>	<b>Comments</b>
Challenge TB funded)						
11.1.4. % of funding programmed at country level vs. headquarters		Annually	ND	64%	'Measured annually'	
11.1.5. % of USAID TB funding directed to local partners		Annually	0%	19%	'Measured annually'	
11.1.3. # of healthcare workers trained, by gender and technical area		Annually	N/A	650 community members (250 F+/LNAC, 350 CAD/AM) and 633 NTP health care worker (548 laboratory technician, 40 nurses, 45 doctors	'Measured annually'	



